

1 1. Respondent is the holder of License No. 3617 issued on January 11, 1999, and is
2 therefore authorized to practice the profession of veterinary medicine in the State of Arizona.

3 2. On September 20, 2008, "Chula" Armstrong, a three-year-old female Silky
4 Terrier was presented to Dr. Brown at Veterinary Specialty Center of Tucson (VSCT) on
5 emergency to have a right hind limb evaluated due to an injury. Radiographs were performed
6 and revealed lateral luxation of the right tarsometatarsal joint and articular fracture of the
7 proximal MT II.

8 3. Dr. Brown advised the dog's owner, Mrs. Armstrong, that splinting could be done
9 at VSCT or at the primary veterinarian, then further evaluation at the primary veterinarian on
10 Monday. Dr. Brown advised that articular fractures of metatarsal bones are difficult to repair
11 and general practitioners may not perform this type of repair therefore the dog may be referred to
12 a surgeon if surgical correction is needed.

13 4. The owner asked Dr. Brown if the dog could be treated at VSCT rather than going
14 back and forth between the primary veterinarian, the Respondent. Dr. Brown advised he would
15 contact Respondent to see what he preferred. Respondent requested that Dr. Brown send the dog
16 back to him for evaluation and treatment. The dog was discharged with a CD of the radiographs
17 and instructions to take the dog directly to Respondent's clinic for further treatment and pain
18 medication. Medical records were faxed to Respondent.

19 5. According to the owner, Dr. Brown recommended open reduction surgery with a
20 specialist at VSCT for this type of fracture. An estimate was provided. However, Respondent
21 insisted on examining the dog and based on the relationship of VSCT to the primary
22 veterinarians it serves, the dog was referred back to Respondent.

23 6. The dog was presented to Respondent for evaluation. The owner states that
24 Respondent could not view the CD and needed to take additional radiographs. Respondent
25 confirms he was unable to view the CD and VSCT emailed the radiographs to him. The owner

1 states a side view was taken and Respondent assured the owner that surgical correction was not
2 necessary. The dog was left at the premise to have a splint placed on the limb. Respondent did
3 not discuss options with the owners and did not recommend surgical intervention to address the
4 fracture nor did he make a referral to a specialist for a second opinion.

5 7. Respondent claimed the owner wanted to have the leg stabilized with a splint and
6 the dog to receive pain medication. The owners were not given other options by Respondent.
7 Respondent administered Torbugesic 5mg SQ, Domitor 0.3mg IM and Atropine 0.2mg IM prior
8 to taking a lateral radiograph of the injured limb.

9 8. The dog's leg was shaved and a splint applied. A post-splint lateral radiograph
10 was taken and revealed satisfactory reduction and correct bone apposition. The dog was
11 administered Antisedan 1.0mg IM and Torbugesic 5mg SQ.

12 9. The dog recovered uneventfully and could comfortably put weight on the limb.
13 No obvious pain noted. The owner was instructed to monitor the limb for 3 weeks. The dog was
14 discharged with Rimadyl 25mg, 20 tablets; give ½ tablet twice daily by mouth for pain.

15 10. On September 27, 2008, the owner reported the dog was doing well.

16 11. On October 13, 2008, the dog was presented to Respondent for the splint to be
17 removed. Respondent radiographed the dog's leg prior to removing the splint. The lateral
18 radiograph revealed new bone formation around the proximal metatarsal bones and the 4th
19 metatarsal bone was still slightly dislocated. A second view (AP) would have been indicated and
20 for Respondent not to do so was a failure to follow professionally accepted procedures.

21 12. Respondent removed the splint and examined the dog's leg. Crepitus was present
22 and the dog could place weight on the limb when forced. The dog would put weight on the limb
23 when walked and would occasionally hop. The owner was concerned regarding the way the leg
24 looked and questioned that only one radiographic view of the limb was taken, Respondent
25 explained that was the only view he needed and that everything was lined up properly.

1 Respondent advised the owner that the dog would need to learn to reuse the leg/foot.
2 Respondent did not re-splint the limb. In his narrative, Respondent states he could not re-splint
3 the limb again, and they could monitor Chula's progress and then determine if surgery was
4 ultimately needed. It is not possible for a fracture to heal in three weeks and therefore
5 Respondent failed to follow professionally accepted procedures by not attempting to continue to
6 stabilize the leg in some way for additional time allowing the fracture to heal. Respondent did
7 not make a referral at this time for additional care.

8 13. On October 15, 2008, the owners felt "Chula" was in pain and took her for a
9 second opinion with Dr. Koski-Estes. She noted that the dog was minimally weight bearing on
10 the right rear leg with lateral luxation; moderate discomfort and laxity. There was a mild ulcer
11 dorsal tarsus due to the splint.

12 14. Dr. Koski-Estes performed radiographs of the dog's limb which revealed some
13 osteolytic changes, partial fusion at tarso-metatarsal complex; not aligned fracture, no obvious
14 ossification. She recommended surgical referral for alignment/tarsal fusion. The dog was
15 discharged with Rimadyl and Acepromazine.

16 15. The following day the dog was presented to Dr. Shields at VSCT for evaluation of
17 the right hind limb. The dog was non-weight bearing on the right hind limb with a palpable
18 instability at the tarsus. Radiographs from Dr. Koski-Estes revealed a persistent tarsometatarsal
19 luxation with a fracture to the proximal aspect of the second metatarsal bone.

20 16. Dr. Shields advised the owner that due to the chronicity of the injury, perfect
21 alignment may not be possible but fusion would stabilize the joint and permit good long-term
22 function of the leg. The owner elected to proceed with surgery.

23 CONCLUSIONS OF LAW

24 1. The Arizona State Veterinary Medical Examining Board has jurisdiction over this
25 matter pursuant to A.R.S. § 32-2201, et seq.

2. The conduct and circumstances described in the Findings of Fact above, constitute a violation of A.R.S. § 32-2232 (12) as it relates to A.A.C. R3-11-501 (1) for failure to meet professionally accepted standards and utilization of current professional and scientific knowledge by not taking a second radiograph view (AP) on October 13; for failing to discuss surgical correction and that it would be a better option versus a splint and for failing to reapply another splint or referring the dog for surgery after removing the original splint after three weeks as that is not an adequate amount of time for the fracture to heal.

3. The conduct and circumstances described in the Findings of Fact above, constitute a violation of A.R.S. 32-2232-(12) as it relates to A.A.C. R3-11-501 (3) for failure to offer or seek a consultation or referral to a specialist for an issue that might require surgery and would be indicated to enhance the quality of veterinary medical services provided.

ORDER

Based upon the foregoing Findings of Fact and Conclusions of Law, and in consideration of the licensee's previous disciplinary order in case 04-07, it is ORDERED Respondent's license number 3617 is placed on PROBATION for a period of two (2) years, subject to the following:

1. Respondent shall provide written proof satisfactory to the Board that he has completed four (4) hours of continuing education in addition to the existing continuing education required to renew a veterinary license. Respondent shall satisfy these four hours in the area of radiology.

2. Respondent shall provide written proof satisfactory to the Board that he has completed four (4) hours of continuing education in addition to the existing continuing education required to renew a veterinary license. Respondent shall satisfy these four hours in the area of orthopedics.

4. Respondent shall submit to the Board a written outline regarding how he plans to satisfy the requirement in paragraphs 1 and 2 above, for its approval within sixty (60) days of the effective date of this Order. All continuing education to be completed for this Order shall be pre-approved by the Board.

5. Respondent shall bear all costs incurred regarding compliance with this Order.

6. This Order is conclusive evidence of the matters described and may be considered by the Board in determining an appropriate sanction in the event a subsequent violation occurs. In the event Respondent violates any term of this Order, the Board may, after opportunity for Informal Interview or Formal Hearing, take any other appropriate disciplinary action authorized by law, including suspension or revocation of Respondent's license.

REHEARING/APPEAL RIGHTS

Respondent has the right to petition for a rehearing or review of this Order. Pursuant to A.R.S. § 32-2234 (F) and § 41-1092.09 the petition must be filed with the Board within thirty-five (35) days from the date of mailing if the Order was served via certified mail. Pursuant to A.A.C. R3-11-904 (C), the petition must set forth legally sufficient reasons for granting the rehearing or review. The filing of a petition for rehearing or review is required to preserve any rights of appeal to the Superior Court that the party may wish to pursue.

This Order shall be effective and in force upon the expiration of the above time period for filing a motion for rehearing or review with the Board. However, the timely filing of a motion for rehearing or review shall stay the enforcement of the Board's Order, unless, pursuant to A.A.C. R3-11-904 (F), the Board has expressly found good cause to believe that this Order shall be effectively immediately upon the issuance and has so stated in this Order.

1 Dated this 21st day of August, 2009.

2 Arizona State Veterinary Medical Examining Board
3 Richard Crisler, D.V.M.
4 Chairman

5 By: Jenna Jones
6 Jenna Jones, Executive Director

7 Original of the foregoing filed
8 this 21st day of August, 2009,
9 with the:

10 Arizona State Veterinary
11 Medical Examining Board
12 1400 W. Washington, Room 240
13 Phoenix, AZ 85007

14 Copy of the foregoing sent by
15 certified, return receipt mail #
16 7006 2152 0204 5360 0001
17 this 21st day of August, 2009, to:

18
19 By: Jenna Jones

20 Board Staff